

University students’ perceptions about people with mental illnesses. Preliminary results of the first Portuguese survey

AUTHORS **Luísa Campos** ^{1, 2} | **Filipa Palha** ^{1, 2}

INTRODUCTION

Stigmatization and discrimination of people with mental disorders remain a hard problem to overcome across the world, placing several difficulties for people directly affected by this experience – as service users, carers or professionals. As part of the huge impact this fact has in their lives, many people admitted fear of disclosing their condition, even to family and friends (Social Exclusion Unit, 2004), and studies have shown that fewer than four in ten employers say they would recruit someone with a mental health problem (Manning & White, 1995).

In this way, in the 2001 WHO's World Health Report entitled “Mental Health: New Understanding, New Hope”, we can read that from all barriers we have to overcome in the community, the most important one is stigmatization and discrimination towards people suffering from mental and behavioural diseases.

This reality led to the development of several studies and anti-stigma campaigns all over the world, even though so far the impact of these efforts has not achieved their goals. As an example, the survey carried out by the Royal College of Psychiatry in England, 5 years after their “Changing Minds” anti-stigma campaign, showed that negative perceptions about people with mental illness are still widely held (Crisp, Gelder, Goddard & Meltzer, 2005).

To our knowledge, in Portugal, we have never had any consistent and continuous anti-stigma campaign, or even a study of the public opinion about mental illness and people with mental disorders. As part of the commitments of ENCONTRAR+SE, a NGO that advocates for better mental health services in Portugal, an anti-stigma campaign was launched in October 2007. This survey was carried out before the beginning of this campaign, and served two purposes: as a baseline for subsequent study of the impact of the campaign; and to understand the perceptions of university students – a group identified as particularly vulnerable – ,in order to assess their needs for future interventions.

METHOD

300 university students from different faculties (psychology, law, business, arts and nursing) were surveyed. We used one of the questionnaires of the WPA stigma pilot project (Schizophrenia “Open the Doors” Alberta Pilot Site Questionnaire Tool Kit, Stuart & Arboleda-Flórez, 2002), and another used in the ONS Omnibus Survey – Attitudes to Mental Illness, carried out in the context of the Changing Minds Campaign of the Royal College of Psychiatrists (Crisp et al., 2005). Seven disorders were surveyed: severe depression, panic attacks or phobias, schizophrenia, dementia, eating disorder, alcoholism, and drug addiction, starting by asking whether respondents knew anyone with any of the seven disorders. We followed the same procedure of the interview in Crisp and colleagues (2005) study, and interviewers started by asking whether respondents knew anyone with any of these seven disorders. “Respondents were then asked how far each of eight statements applied to people with each of the seven disorders. The statements were: *dangerous to others, unpredictable, hard to talk with, feel different from the way we feel at times, have only themselves to blame for their condition, could pull themselves together if they wanted, would not improve if given treatment, will never recover fully*. For each item, respondents were asked to choose a point on a five point scale, the extremes of which bore anchoring statements: for example dangerous to others – not dangerous to others” (Crisp et al., 2005, p. 106).

Contrary to this original survey, interviews were carried out face-to-face by trained interviewers. Interviewing took place in April 2007.

Statistical Analysis

We followed the same procedure as in the original work, and the responses recorded on the 5 point scales were converted into scores as follows: scores 1 and 2 were coded as negative, score 3 as neutral, and scores 4 and 5 were coded as positive. Furthermore, “an overall opinion score was obtained by summing the scores on the 5-point scales relating to 5 of the 8 opinions, omitting the two opinions about outcome and also the rating concerned with feeling different. The resulting scores, which vary from 5 to 25, with 5 as the most negative response, were grouped into negative (5-12), neutral (13-17)

and positive (18-25). We omitted the two statements that refer to prognosis, because negative responses may reflect knowledge rather than prejudice, for example the opinion that dementia has a poor prognosis” (Crisp et al., 2005, p.107).

To assess differences between groups a chi-square test, a t-test and ANOVA were carried out.

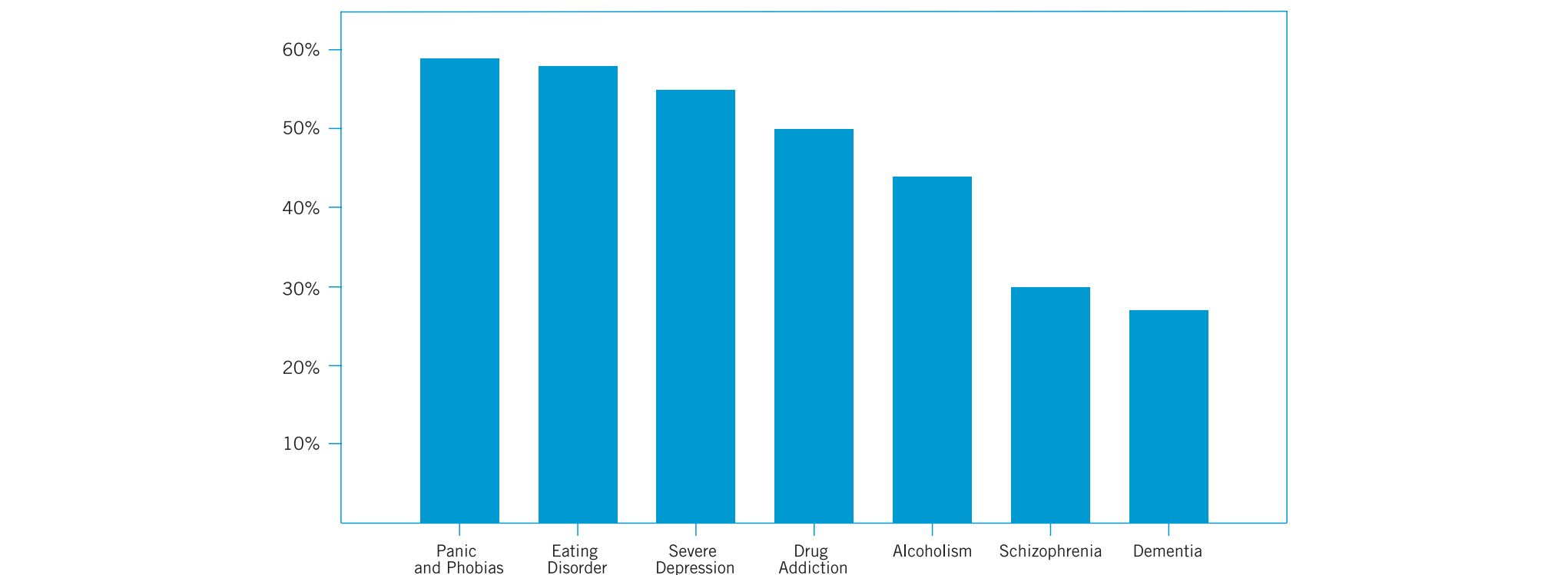
RESULTS

The sample

The sample of this study was composed of 100 students, randomly selected from the baseline group, aged between18 and 26 years (mean = 21,22; SD = 2,13), 54 female and 46 male. The sample includes 20 students of 5 different faculties, all based in Oporto.

Personal knowledge of someone who has/had mental illness

Although 92% of students mentioned knowing someone with one of the seven disorders, only 32% of respondents considered having have enough information about mental disorders.



Graph 1: Percentages of respondents who knew someone with some kind of mental illness

59% of the students reported knowing someone who had experienced panic and phobias, eating disorder (58%), severe depression (55%), drug addiction (50%), alcoholism (44%), about a third knew someone with schizophrenia (30%) and dementia (27%).

	Severe Depression		Panic and Phobias		Schizophrenia		Dementia		Eating Disorder		Alcoholism		Drug Addiction	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Female	27	50,0%	29	53,7%	12	22,2%	10	18,5%	32	59,3%	17	31,5%	21	38,9%
Male	28	60,9%	30	65,2%	18	39,1%	17	37,0%	26	56,5%	27	58,7%	29	63,0%
	2=1,19 p=0,28		2=1,36 p=0,24		2=3,38* p=0,07		2=4,28* p=0,04		2=0,08 p=0,78		2=7,47* p=0,01		2=5,80* p=0,02	

Table 1: Personal knowledge of someone who has had mental illness, by sex

In general, men were most likely to say that they knew someone who had experienced mental illness, with the exception of eating disorders. However, the chi-square test only showed significant differences between male and female regarding dementia, alcoholism and drug addiction, with men knowing more people with these illnesses.

	Severe Depression		Panic and Phobias		Schizophrenia		Dementia		Eating Disorder		Alcoholism		Drug Addiction	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
1. Danger to others	3,4	1,3	3,4	1,3	2,3	1,2	2,9	1,3	4,0	1,4	1,8	1,1	1,9	1,1
2. Unpredictable	2,6	1,2	2,5	1,3	1,9	1,0	2,5	1,3	3,4	1,2	2,3	1,4	2,4	1,3
3. Hard to talk to	2,5	1,1	3,1	1,3	2,3	1,1	2,4	1,1	2,6	1,2	2,4	1,1	2,4	1,2
4. Selves to blame	3,8	1,1	3,8	1,0	4,1	1,0	4,3	0,9	2,9	1,2	2,5	1,1	2,4	1,2
5. Not improved if treated	4,5	0,7	3,9	1,2	3,6	1,0	3,4	1,0	4,4	0,9	4,3	0,8	4,2	0,8
6. Feel different from us	2,4	1,3	2,7	1,3	2,4	1,1	2,7	1,2	2,4	1,2	2,8	1,1	2,8	1,1
7. Could pull self together	2,4	1,0	2,7	1,1	3,3	1,1	3,3	1,1	2,2	1,1	2,1	1,2	2,3	1,2
8. Never fully recover	4,1	1,0	3,8	1,0	2,7	1,1	2,6	1,1	4,3	0,9	4,0	1,1	3,8	1,1
Overall opinion score (5-25)	14,7	3,1	15,5	2,9	14,0	3,1	15,5	3,0	15,2	3,1	11,2	3,4	11,4	3,3

Table 2: Means (and Standard Deviations) of each of the eight perceptions, by illness

Regarding students’ perceptions about people with mental illness, the most evident result refers to the association made between perceived danger to others and alcoholism and drug addiction. Students perceived people with schizophrenia as the most unpredictable ones. Respondents consider that those suffering from “alcoholism” and “drug addiction” are more responsible for their condition and that people with “schizophrenia” and “dementia” are less capable to have control over their condition.

“Stigmatization and discrimination are among the key obstacles to care. Around the world people do not seek, obtain or follow treatment because of fear, deficient resources or lack of information. They are commonly victimized for their illness and become targets for human rights abuses and discrimination. Stigmatization and discrimination are key factors that impede people from obtaining the help they need.”

(World Health Organization, Fifty-Fifth World Health Assembly, April 2002)

		Severe Depression		Panic and Phobias		Schizophrenia		Dementia		Eating Disorder		Alcoholism		Drug Addiction		TOTAL SCALE
		N		N		N		N		N		N		N		
Psychology		N	20	20	20	20	20	19	20	20	20	20	20	20	19	
	Mean	15,5		15,5		15,9		16,6		16,2		12,2		12,6		104,1
	SD	2,5		2,0		2,3		2,2		2,3		1,9		1,8		6,6
Law		N	20	20	20	20	20	20	20	20	20	20	20	20	20	
	Mean	15,4		15,9		12,7		15,9		15,9		11,4		11,0		98,0
	SD	3,3		2,7		13,8		2,8		3,5		3,3		2,9		13,2
Business		N	20	20	20	20	20	20	20	20	20	20	20	20	20	
	Mean	14,3		14,9		13,9		15,3		15,5		10,4		10,7		95,0
	SD	2,4		2,9		2,1		2,7		2,4		3,1		2,8		11,8
Arts		N	20	20	20	20	20	20	20	20	20	20	20	20	20	
	Mean	14,0		14,8		13,2		14,5		14,7		8,8		9,9		89,8
	SD	2,8		3,3		3,3		2,7		3,9		2,6		3,0		15,3
Nursing		N	20	20	20	20	19	19	19	19	20	20	20	20	18	
	Mean	14,5		16,5		14,6		15,4		13,5		13,3		13,0		102,3
	SD	4,2		3,4		2,8		4,3		3,0		4,0		4,4		17,6
		F=0,91 p=0,46		F=1,13 p=0,35		F=3,58* p=0,01		F=1,32 p=0,27		F=2,30* p=0,07		F=6,23* p=0,00		F=3,50* p=0,01		F=3,59* p=0,01

Table 3: Overall opinion score (Mean and SD) about each disorder, by faculty (5 to 25)

Looking at differences by faculty, significant differences were found in perceptions regarding people with schizophrenia, eating disorders, alcoholism and drug addiction.

Law students were likely to have more negative perceptions about people with schizophrenia than students from other faculties, and the opposite happened with psychology students expressing the most positive responses.

Nursing students were more likely to express negative perceptions about people with eating disorders than students from other faculties. Finally, art students were more likely to endorse negative perceptions about people with “alcoholism” and “drug addiction”.

CONCLUSIONS

The preliminary findings of this study are similar to results of other studies which have highlighted the perceived close link made between dangerousness and schizophrenia (Francis, Pirkis, Blood, Burgess & Dunt 2003; Thornicroft, 2006), and students' lack of knowledge regarding mental disorders, which highlight the need for campaigns to raise awareness and combat stigma.

Although the great percentage of respondents (92%) knew someone with one of the 7 mental illnesses, the truth is that almost all (95%) considered needing more information regarding mental disorders.

In fact, reflecting on the way students responded to the interview, it became clear that the understanding they had about each of the mentioned disorders was not clear, and that they used terms like “schizophrenic” and “dementia” in an abusive way, raising the question about the way they perceive these disorders.

Perceptions like “being dangerous to others”, “selves to blame” are highly related to “alcoholism” and “drug addiction”, and should also be considered in future educational/ anti-stigma campaigns.

The negative attitudes found in nursing students are similar to those found in other studies with health professionals (e.g. Jorm, Korten, Jacomb, Rodgers, Pollitt, Christensen & Henderson, 1997), and also stress the need to consider stigma issues in the curricula / during training in the health professions.

Considering that “up to 50% of mental disorders have their onset during adolescence, and that mental health problems can be identified in between 10% and 20% of young people” (European Pact for Mental Health and Well-being, 2008), it is urgent to take action on these matters.

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